U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only				
READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.			
1. File Number U - 2955	2. Fiscal Year Covered From:			
	7/2/04 Through: 12/37/04			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name JAMES A STEBE	Name BUCKLAYERS # / MM - MR			
	Labor Organization File Number 530/6/			
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any Suite 328			
Street 3/2 CENTRAL AVE	Street 3/2 CENTRAL AVE			
City MALS	City MALS			
State ZIP Code + 4	State			
5. Position in labor organization. CHAPTEN 3 CHAIR	MAN - FIELD REALESENTHTIVE			
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. Name Dong: Dong:	derived income or other economic benefit of			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any	7.b. Amount.			
Street				
City				
State ZIP Code + 4				
Signature				
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	ying documents), has been examined by the signatory and is, to the best of the			
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HAMES STEBE		The Hamber o-	<u></u>	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or Indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name ZENETH HOMINISTRATIONS Trade Name, if any: P.O. Box, Bldg., Room No., if any SALTE 325 Street AS2D PILOT KNOW AB; City MEMBOTH HIGHTS State MU ZIP Code + 4 SS/3D	9. Business deals with: a. Labor Organization b. Trust c. Employer			
10. 作9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealin			
Name BAC MN NO TRUST FUNDS	THIRD PARTY HOMINISTRATER &			
Trade Name, if any:		/	and the second s	
P.O. Box, Bldg., Room No., if any SUITE 325 Street 2520 PILOT KUDD R.B.			THE PROPERTY OF THE PROPERTY O	
City MENBOTH HIGHTS	11.b. Approximate dollar value		4582,562	
State	bour Du		MAETZ	
	12.b. Amount.		100 00	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	12.b. Amount. r parts A and B above) or other thing of value.		105 00	
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	r parts A and B above)		100 00	
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	r parts A and B above) or other thing of value.		1000	
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	r parts A and B above) or other thing of value.		100	
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